

**UNIVERSITY OF CALIFORNIA
RELIGIOUS EXCEPTION REQUEST FORM**

This form should be used by University of California students to request an Exception based on a Religious Objection to any of the mandatory vaccinations required by the Policy on Vaccination Programs and the Vaccination Program Attachments. Those who are permitted by University Policy and applicable public health directives to decline a vaccination (such as an influenza vaccination) should use the application Vaccination Declination Form instead.

Student Name (print): _____

DOB (month/day/year): ____/____/____ Student ID#: _____

Campus Student Attends: _____ Student Email: _____

Based on my sincerely held religious belief, practice, or observance, I am requesting an Exception to the following immunizations required by the University Policy on Vaccination Programs (list all that apply): _____

Please identify your sincerely held religious belief, practice, or observance that is the basis for your request for an Exception:

Please provide any additional information that you think may be helpful in processing your religious objection exception request:

While my request is pending and if it is approved, I understand that I must comply with Non-Pharmaceutical Interventions and Vaccine Education as specified by my Location or applicable public health directives a condition of my Physical Presence at any University Location/Facility or Program. I understand that in the event of a disease outbreak, I may be excluded from my Location or the site of the outbreak or subject to additional Non-Pharmaceutical Interventions or Vaccine Education in order to protect the health and safety of myself and others.

I verify the truth and accuracy of the statements in this request form.

Student Signature: _____ Date: _____

Date Received by University: _____ Received By: _____